PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10685028

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			36				•	RATE	FEE]	RATE	FEE
FC	OR .		NUMBER FILED		NUM	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	OTAL CHARGE	ABLE CLAIMS	36 minus 20=		* /	6		X\$ 9=	}	OR	X\$18=	288
IN(DEPENDENT C	LAIMS	나(minus 3 =		•			X43=		OR	X86=	88
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter					"0" in (column 2	1	TOTAL		OR	TOTAL	714 4
CLAIMS AS AMENDED - PART II										-9	OTHER	THAN
		(Column 1)	(Column 2) (Column 3				SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	3900	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	- 18	Minus	- 3	6	= 0		X\$ 9=		OR	X\$18=	
	Independent		Minus	*** 4	4	= 7		X43=		OR	X86=	
L	FIRST PRESE	NTATION OF MI	JUTIPLE DE	PENDENT	CLAIM		1	+145=	/	OR	+290=	
							L	TOTAL			TOTAL ADDIT, FEE	
		(Column 1)		(Colum	nn 21	(Column 3)	Д	DDIT. FEE	<u> </u>	8 .	ADUII. FEE!	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	±	Minus	±±.		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MU	Minus	***	CI AINA	=		X43=		OR	X86=	
	FIRST PRESE	NIATION OF MC	LIPLE DEF	ENDENT	CLAIM			+145=		OR	+290=	
							i <u>. </u>	TOTAL DDIT, FEE		OR ,	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	n 2)	(Column 3)						1
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	άû		e .	Γ	X\$ 9=		OR	X\$18=	
	Independent	û	Minus	000		=		X43=		OR	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
	the entry in eater	un 1 in lace than the	n notes in activ	• مضد، 9	m" in act	uma 3	L	+145=		OR [+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DDIT. FEE	
		tiber Previously Paid					r foun	d in the appr	opriate box	in colu	imn 1.	